

**Don't Just Wait and See:
Strategies to Improve Developmental Screening in Early Childhood Settings**

April Williams: Hello and welcome. Thank you for joining us today for our webinar, Don't Just Wait and See: Strategies to Improve Developmental Screening in Early Childhood Settings. This webinar is sponsored by the Office of Head Start National Center on Health.

My name is April Williams, and I'm a program coordinator at the National Center on Health. Before we begin today's webinar, I'd like to highlight a few housekeeping items. First, a few details. If you're using Wi-Fi and are not hardwired, you may experience a greater lag time during the presentation. The slides will advance automatically throughout the presentation, and attendees will not have control over the slides. All attendees' lines are muted, but if you have a question feel free to type your question in the 'Ask Question' box on your screen.

If time permits, there'll be a short Q&A session at the end of the webinar. However, if we do not have time to address your question, we'll send you an email directly within the next couple weeks. If you're listening to the webinar by phone, you must click on the 'Listen by Phone' button that's just above that 'Ask a Question' box. To view the presentation in full screen, please click on the black button on the upper right-hand corner of the presentation slides.

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At this point, I would like to introduce our speakers for today's webinar. First, Dr. Marian Earls. Dr. Earls is the Director of Pediatric Programs for the Community Care of North Carolina and the lead on the North Carolina CHIPRA Quality Demonstration Grant. She has many years of experience with faculty on quality improvement learning collaboratives for pediatric primary care. Dr. Earls is a leader on many initiatives with the American Academy of Pediatrics, focused on quality improvement, early childhood issues, developmental and behavioral pediatrics, mental health, and bright futures.

Next, Dr. Jennifer Zubler. Dr. Zubler is board-certified in pediatrics and worked at a private practice in Atlanta, Georgia for 10 years. She has a child with autism spectrum disorder, and has a special interest in a developmental delays. In 2012, she completed a leadership education and neurological development and related disabilities program. She works as a pediatric consultant to the Learn the Signs. Act Early team, is an assistant professor at Georgia State University, helps run a developmental and behavioral pediatric clinic, and is actively involved in the developmental disability community in Atlanta.

And lastly Kimberly Clear-Sandor. Kimberly Clear-Sandor is a Master of Science in Nursing, is a family nurse practitioner, and brings more than 20 years of experience in promoting to help the families and individuals in her role as the senior training and technical assistance provider for the National Center on Health. She also is a childcare health consultant and the executive director of the Connecticut Nurses Association. As a senior trainer and technical assistance associate at the Education Development Center, she has provided evidence-based tools, techniques, and research to Head Start grantees with a special

focus on children's health and school readiness, as well injury prevention in family's home. She also supports professional networks for Head Start health nutrition and health managers. And with that, I'll turn it over to our presenters.

Kim Clear-Sandor: Thank you, April. And welcome everybody to today's webinar. We're looking forward to spending this time with you to discuss developmental screening in early childhood settings. During this time, we'll consider the important role that early childhood programs play in supporting early identification of concerns and developmental screening. Today's participants will be able to define the differences between developmental screening and surveillance, review the Head Start requirements and recommendations related to developmental screening, identify early childhood partners that support children and families with developmental screening and evaluation, and find resources to support developmental screening.

So why do we screen? Early childhood is a period of rapid growth and development. Screening can help us catch problems early, so that we can refer children for evaluation for developmental concern. Some children may even be eligible for special services, treatments, or other resources that can help a child overcome these problems. Many children have developmental delays. In fact, one in six children are identified with a developmental delay which can have a serious impact on early learning, regardless of whether it's cognitive, social, behavioral or physical. A significant number of these children are not identified until kindergarten or later, which delays the children getting the services that would support their healthy growth and development. Research also indicates that children who live in the high need communities that are often served by Head Start and childcare experience longer delays in being identified and receiving services.

As you'll see in the information from the Centers for Disease Control and Prevention, children with developmental disorders are at an increased risk for poor outcomes. But early intervention services for children ages birth to three can significantly impact a child's ability to learn new skills. Your work to identify these children is critical, because when children are identified early, we can help them to get services so they continue to grow and learn, rather than fall farther behind. Many early childhood programs participate in developmental screenings depending on their funding source, licensure, regulations, standards, and accreditation. Early childhood caregivers are in a unique position to promote children's development and identify early signs of a delay, as they have daily interactions with children and families. As we discussed, screening helps identify and refer children for evaluation or examination, and if appropriate, treatment and intervention. Caring for our Children, which is a publication of the National Health and Safety Standards, created by the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, offers science-informed best practices. Caring for our Children recommends in standard 2.1.1.4 that programs have a formalized system of developmental screening with all children that can be used near the beginning of a child's placement in the program, and as developmental concerns become apparent.

In Head Start, which is a federal early childhood program, the purpose is to promote the school readiness of children ages birth to five from low income families by enhancing their cognitive, social, and emotional development. The key to school readiness is to identify children who have any developmental, sensory, or behavioral issues that might impair their ability to learn. But the Head Start Program Performance Standards specifically state that programs will screen for concerns regarding a

child's development, sensory, meaning visual and auditory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills. Regardless of the reason that you're doing developmental screening, because it's required or because it's best practices, it's very important to make sure screening is culturally and linguistically appropriate, and has been tested or validated with the populations you serve.

So, lots of terminology, evaluations, screening, monitoring, surveillance. There are a lot of different terminology and words that are used around developmental screening and follow-up. Teachers, home visitors, primary care providers, mental health consultants, special education, and early intervention specialists all may be involved in the process of screening and evaluation. And each of them brings a different perspective, and very often different words to the conversation. To avoid misunderstandings, clear communication becomes an important factor in working together.

For example, let's take the word "monitoring." The medical home refers to monitoring, or surveillance, to describe an ongoing gathering of data from observations and parental conversations. An early education program may define this ongoing gathering of data from observation and discussion as an assessment that they use to observe children's knowledge, skills, and behavior for individualizing a curriculum. And Head Start educators, the word monitoring refers to the external federal review of the program. You can see why it's really important to have clear communication and understanding of the terminology we use. And when early childhood providers collaborate with the family, medical community, and early intervention special education, it's important to be aware of this. It's also important to be able to translate these words to parents in a way that makes sense to them.

And Dr. Earls will now share some terms with us that the medical home uses around developmental screening. Consider the terms that you and your program may use to describe similar activities.

Dr. Marian Earls: Thank you, Kim. Certainly this terminology is sometimes confusing, even to primary care clinicians. So it's important today that we're talking about all of this. And it's important to keep in mind, even though we're talking about these individual terms, that our purpose for doing all of this, as Kim indicated, is certainly to identify kids early who might be at risk for their development to be impaired. But it does a lot of other things as well, particularly the surveillance or monitoring. You really have the opportunity to engage with parents, to support parents, to promote their ability as parents to encourage their children in their developmental skills. And overall it gives us all the opportunity to promote healthy development for young children.

So surveillance, or monitoring in primary care, we're asked to be monitoring the child's development every time we see the family. And we should routinely ask about parent concerns about development behavioral learning. And it's very important to realize that parent concerns are generally something we should all be paying attention to, because they do know their child, and they live with their child. In primary care practice, that's accomplished by conversation and observation. In an early childhood setting, there's a tremendous advantage here because you have a much larger periods of time with a child.

A visit in doctor's office sometimes can be fairly brief, so you don't always get to see what a child is actually doing. And that's the purpose, we do periodic formal validated screening. And we recommend that primary screening is something that's done with the whole population with everybody when they come for their well visit. So similar to the Head Start recommendations, this should happen for all

children and then be followed. It's the same situation in the primary care setting. So common tools used in primary care are the ages and stages questionnaire, or the ASQ that many people may have heard of. Another one is the parents' evaluation of developmental skills, are called the PEDS. These are commonly used in primary care practice because they're parent-completed, and they're very efficient in a busy office. Another one that you'll hear about, probably, is something called the Survey of Well-being of Young Children or the SWYC, S-W-Y-C. You may hear or see this in your interaction with the Children's Medical Home.

And then there are other examples here, the Brigance, which is not a parent completed tool, that's a tool that's administered. And then first step, which is also a tool that's administered with the child, rather than being based on parent report. And then I just want to mention that there's also secondary screens. So let's say in my practice we do an ASQ. And we have concerns-- the parent is concerned about their child's social emotional skills, or their behaviors. Then we might take out another screen that's more specific, like the Ages and Stages questionnaire social emotional, and have the parent complete that screen to get more detail. Or there might be an additional screen to look at language skills. So, these secondary screens – even though I'm calling them secondary, a lot of people are using them as a primary screen.

So, there's tremendous interest in doing a social emotional screen with every child as well. So while the ASQ SE can be a secondary screen, it can also be a primary screening tool. Again, this is not something that would be happening in your early childhood settings. However, it's important to be aware of this so that if you have a positive finding on a screen that happens in the early childhood setting, you may be able to in your communication with the medical home, request that they go on to do more secondary screening as part of the referral process. And then finally there's evaluation or assessment. And I know the word assessment gets used in a variety of ways. In practice, we try to tell folks, this is when somebody really spends much time with the child and goes forward and does a full evaluation of that child's skill.

So this may be done by your early intervention program, or your Part C staff. It could be done by a specialist physician, like a developmental behavioral pediatrician. It could be done by a psychologist. And generally speaking it's looking to see, the screen showed a risk, let's see if that risk is actually showing us that there's a delay, so the evaluation piece is the next step. And that's the sort of thing that if you're making a referral from a screen, that you would expect that there would be further evaluation. So we just try to make that distinction. Because very often, people get confused and think that the screening tool actually diagnosed a developmental problem. And it really only shows you that there's risk.

Kim: Thank you, Dr. Earls. So as you can hear, there are many people involved in supporting children and families. And neither the early childhood programs, families, nor the medical home do this alone. But together, everyone works towards a common goal, to ensure the best outcomes for the child and family. Caring for our Children recommended early childhood programs that have formalized a developmental screening process, include a parental guardian consent, permissions, and participation. So programs should have clear policies for using reliable developmental screening tools and methods for referring children with a positive screen. Caring for our Children also states that quote, "screening is a way to identify a child at risk of a developmental delay or disorder. It is not to diagnose," just as Dr. Earls shared. So for positive screening results, programs obtain the family's permission to make a

referral to early intervention, school district, mental health specialists, and other community partners to evaluate children so they can receive the services they need. Head Start programs work with families, also maintain written parental permission to support ongoing communication between the program and the medical home. It's important to keep the medical home in the conversation about screening results and follow-up. The medical home may also make a referral for an evaluation. And staff from the early intervention or preschool special education teams may also be in contact with the medical home. This is important because good communication between all the partners really enhances child outcomes. And when families are included in the process of considering and shaping decisions about their child, services can be integrated delivered effectively. Dr. Earls, can you share with us a little more about how the medical home participates in the developmental screening process?

Dr. Earls: Sure, Kim. So what you're seeing here is what we're asking primary care medical homes to do around surveillance and monitoring and screening. So we're asking them to have a reliable system in their practice so that they're doing surveillance and screening and that they have good systems for referral and follow up, and helping families link to resources. And so we really want them to figure out how to work that into their office workflow whenever they see a young child. We remind them that they have a long term relationship with the family, so that's a real advantage to them to over time be talking to families and identifying what family concerns are. Now this third bullet relates to what Kim was just saying.

We're asking practices to develop relationships with specialists and community agencies so that they have a standard way that they refer and get feedback. Very important, because they need to provide continued support for families. And as you may know, sometimes families get referred for service, and something drops through the cracks. So we really want them to work out these relationships, so they get feedback. And so I have highlighted here that that includes their Part C, or their early intervention program, Part B, or the preschool programs, and all various early childhood settings. That could be a Head Start. It could be a family childcare center. It could be with a home visitor. So all of those things we really want people to try to develop relationships. We historically have not done well at communicating with each other. And finally we want them to follow the criteria for referral after a positive screen. So just like the title of this talk, we don't want anyone to say, oh well the screen looked concerning, but let's just wait and see what happens. Because we all know how important it is to make sure that kids get intervention early if they need it.

So what you'll find is we are making similar recommendations the primary care medical home as the recommendations to folks in early childhood settings around screening. So how can we help facilitate this communication between early childhood settings and primary care medical homes? And you know this is a new area for all of us. But at the American Academy of Pediatrics, we really want to make sure, particularly in this area of developmental screening and referral, that we're communicating with each other. So we feel like when we're discussing screening and those results with parents, that it would be good for parents to be encouraged to share those results with their primary care clinician. In the same fashion, if I'm a primary care doc, and have done a screen with a child, I want to encourage families to share those results and the follow up plans with the child's teacher or caregiver in the child care setting. And finally, the thing that would be really wonderful, is as we all work on this, we develop a way that we standardly communicate with each other around these important issues of developmental screening. And what we're going for here is to promote early childhood development. And we know from all the research on early brain development, all of these things are important for a child to be successful and

have healthy development. So that's being nurtured, that's building of their social emotional skills, nutrition, having an optimal environment for their social emotional development, so that parents reading to their children, that children being in early childhood settings that really foster healthy social emotional development. Very important for parents and caregivers to also have good health and mental health. Very important to do the monitoring and screening. And also, finally very important for all of us to partner with parents as experts on their children in this process. So our Pearls for people in primary care, are these here.

And many of these apply even in the early childhood setting, so that it would be routine that we're doing this sort of surveillance and screening. And you can see here we also include older children and adolescents in our recommendations to primary care docs. We should also not only be talking about risks, but strengths. Very important piece now of the American Academy of Pediatrics recommendations is that we identify the child and the parents' strengths, that we use a validated tool. And in primary care, we're recommending using a parent-completed tool because it facilitates that the parent is a partner in promoting healthy development. In the early childhood setting, if you were using a parent-completed tool, you also have the advantage that the teacher, because they're the primary caregiver of the child and with the child, can also complete that tool and contribute to the conversation with the parent. As the next bullet says, it should be used as a conversation piece in primary care, so we should be talking to families about what their concerns are, what their strengths are. And if there is risk, we need to be ready to do more secondary screening or referral. And Kim, I'll turn it over to you about how ECE programs are key partners in this process.

Dr. Jennifer Zulber: So this is Jen. I'm not sure if Kim is going to speak next. But I'm going to go ahead to my slide, then. So I'm Jen Zubler, and I am a general pediatrician. And I work with the CDC's Learn the Signs Act Early program, whose mission is to improve early identification of children with developmental disabilities, so children and families can get the services and support they need during a time in a child's development when interventions are most beneficial. So Learn the Signs. Act Early has developed many free resources for families, physicians, and early childhood programs to help in identifying children with developmental delays. Early childhood educators and providers have an important and unique role, as you've already heard Dr. Earls mention, Since 12.5 million children are in child care and early education settings.

And you're in that position to see how children learn, speak, act, and move alongside others their age. You also notice if child skills are more similar to their same age peers, or if they're more typical for an older or a younger child. And you're that trusted partner and valuable resource for families, as you help, encourage, celebrate, and educate families about their child's developmental journey. And you have the power to change a child's life by identifying child with delays and helping a family seek further evaluation. So the CDC's **Learn the Signs** Act Early program wants to help you in your role in that ongoing child assessment, which we call monitoring, and in your developmental screening.

So I want to introduce you to free resources that will make it easier to talk with parents about typical development, developmental monitoring, or what you guys call child assessments, and developmental concerns. And by having these regular conversations with families about their child's development, you're establishing the groundwork to have discussions about developmental screening and the next steps for children who have developmental concerns. So knowing what a significant role you play in developmental surveillance and screening, we developed a free online training program with many

partners, including Head Start. It's a one-hour training with four modules, and you can receive CE credit for completing it. Within the training, there are videos that model conversations between early childcare educators and providers, and parents.

One demonstrates a conversation with a parent of a typically developing child. Another demonstrates a more difficult conversation when a child has or is showing developmental delays. The approach to that conversation is the same approach you can use when discussing concerns identified on a developmental screener. In addition to the Watch Me training, the CDC in conjunction with the American Academy of Pediatrics, has developed other material to help you celebrate and educate families about developmental milestones, including what to expect, and when to be concerned about their child's development. These materials are not developmental screeners, like the ASQ and the other tools you've heard about today. But they do help parents to be better informed partners in monitoring their child's early development. And they lay the foundation for developmental screening and making communication with parents about development easier.

So you can use these tools as a way to do your ongoing child assessments. With these resources, parents, teachers, and other early childhood providers can base their observation of a child's development on objective, research-based, age appropriate developmental milestones. So, this is more close-up view of the Learn the Signs. Act Early Milestone Checklist. And these are just one of the tools that you can use. On the left hand side of the checklists are the four domains of development, social emotional, communication, cognitive, and motor. And there's check boxes that parents can actually check off the skills that they're seeing their child demonstrate. On the right hand side, there's a box where there's concerning behaviors – what we in medicine call red flags, where parents would want to discuss those with you with other childhood providers and with their medical home. For example, on the nine month checklist, we'd be concerned in that box if the child did not respond to his or her name. And these checklists are available for children aged two months through five years of age. They're in English and Spanish. and then some of our materials are also translated into other languages. They can be printed for free from the CDC's Learn the Signs. Act Early website.

So how could these checklists be used in early childhood education setting. A suggestion would be to print the age appropriate one for each child in your class, then observe and celebrate each child's growth and development as you already do so well on a daily basis. And then once a month, pull out the checklist for each child and record any new milestones you see in the child. And this would, again, be a way to perform your ongoing child assessments. By doing this, you become more familiar with the typical developmental milestones that children in your class should be developing, and you can more easily recognize when there may be concerns about an individual child. And you can also tailor your instruction and activities to support that child's development. You can print these out, and you can give them to parents to complete, and then have them bring them back when you have parent-teacher conferences.

Since children have very different behaviors in different settings, the families can share with you how the child is doing at home, and you can share your experiences in the classroom. This gives a clearer picture of how the child is doing overall and further builds the trusting relationship you have with families. If a child is showing concerning behaviors, the checklist can help facilitate discussions with families and highlight the strengths that the child is showing, and then lead to discussion of areas where there might be concern.

And the checklist can be used to support the developmental screening that you'll be doing in your settings. Here's the Learn the Signs. Act Early Milestone Moment Booklet. It's the most popular developmental item that we have with families. And it's comprehensive, it has all the checklists in it, the two months all the way to five years of age, but it's all bound and in one area for parents to reference and go back to. In addition, it also includes information for parents on how to support their child's development at different ages.

So there's age-appropriate activities that a parent can use at home to engage their child, encourage development, and strengthen the parent child relationship. So when parents ask you, what are some activities they can do with their child at home, you can share these ideas with them. And again, there's a section for each age group that lists observations of concerning behaviors that families should bring to both early educators and the medical home's attention. There's also a space in the back of the book for parents to report questions and concerns. The booklet's a great tool to help parents and providers with developmental monitoring which you guys call child assessments, and to prepare for developmental screening.

This is our milestones brochure. It provides parents with just an introduction to the importance of ongoing child assessments and monitoring. It covers a few key milestones from six months to four years of age, and provides information about what to do if parents are concerned about their child's development. It's colorful, inviting, parent-friendly, and this is ordered very frequently from our website. The brochure can help you communicate to parents that they're an important partner in monitoring their child's development and get parents prepared for the ongoing child assessments and the screening that you'll be doing at your centers.

The brochures are nice to display in your lobby, hang outside classrooms for parents to see when picking up and dropping off children, and they can also be given to parents who are touring your facility to help explain and demonstrate the developmental journey their child will be taking, and how you'll be supporting and sharing that journey with them. I just put this slide in here, because it shows a childcare center where they do have this displayed on one of the windows in one of the rooms so that the parents do see it every day. This is another one of our materials, it's a growth chart. It's a traditional growth chart on the left hand side with the height measures. And on the right hand side, it has developmental milestones.

Down the middle, it has areas to put pictures of the individual child. And it's a reminder that children grow and develop in many ways, not just physical growth. It's really popular with parents, and you can order them for classrooms. You can hang them up and periodically mark children's heights and add new pictures. And it's a fun visual reminder for parents to see that you're partnering with them in their child's development.

The next item we have is a children's book called "Amazing Me. It's Busy Being Three" And it's the story of a three-year-old kangaroo named Joey showing all that he can do in one amazing day. The book is designed for parents to learn themselves about developmental milestones as they read the book with their child. Parents can order a free copy of a book, or download an electronic version from iTunes. And we're excited about a new two-year-old book that's currently in development.

And that should be out in the next year. Some suggestions for using "Amazing Me" in early childhood education settings would be ordering them and giving to children when they turn three, or maybe when

they move up to the three-year-old classroom. You can also read the story in class, at open houses, and encourage parents to order the book and download it. What's not included on this slide is a resource that we have that's on our website and it's called Tips for Talking with Parents. And it includes recommendations on how to have an effective and easier conversation with parents around developmental concerns, and how to move to the next steps for screening and further evaluation.

It's similar to the tips that are in the video modeling within watch me. And remember that these conversations are easier and more effective if you've been discussing developmental milestones all along. So after you've had a conversation about concerns with the family, it would then be helpful to show them some of our other resources which are shown on the next slide, how to help your child, and how to talk with the doctor. And these give parents information of what they can do for their next steps. So all of our information is free online. You can print it, or you can actually order it from the website. You can also customize the materials if you print them yourself.

And you can put your center's location and contact information on there. We hope that these free materials help make developmental monitoring and talking with parents about early child development easier, and set the foundation for developmental screening and any next steps you might take to help a child receive early intervention and services when necessary. Thanks for all you do to help parents learn the signs and act early. And now Kim's going to share with us a few more resources from the federal government.

Kim: Thank you, Dr. Zubler, for sharing all those great resources that really support communication and interaction with the families, the medical home, and the early childhood program. Another resource that early childhood programs can use is the Birth to 5, Watch Me Thrive. It is a coordinated federal effort to encourage healthy child development, universal development and behavioral screening for children, and support for the families and providers who care for them. And they do this by celebrating milestones where every family is supported and looking forward to seeing a child's first smile, a first step, and first words and really focusing on those regular screenings to help raise awareness of a child's development, and make it easier to expect and celebrate those developmental milestones.

Also promotes universal screening, just like hearing and vision screening, to ensure children can hear and see clearly, developmental and behavioral screening to track a child's progress in areas such as language, social, or motor development. It also supports identifying possible delays and concerns early with regular screenings in early childhood programs in the medical home. And it really is to enhance developmental supports, which combines the love and knowledge that families have of their children with tools, guidance, and tips recommended by experts who can really make the most out of the developmental support that the children receive.

The Birth to 5, Watch Me Thrive site also includes a compendium of screening measures for young children and a tool kit, which includes a screening passport. So let's take a look at the compendium of screening measures. This compendium is a collection of research-based screening tools for children under the age of five. There are a number of different developmental screening tools available. You may not be sure which one will best meet the needs of the children in your program, and so this compendium is a great reference for early care and education practitioners to learn about the screening tools that are available in order to choose a tool that will work best for your program and the children you serve.

Tools that are included in the compendium have met specific criteria, including whether they are appropriate for children in different age groups, whether they cover multiple domains, and if information is readily available about the administration, reliability, validity of a specific tool. In addition, the federal partners who developed Birth to 5, Watch Me Thrive added additional quality criteria, to including the tools in the books that met them is that the tools cover the domain of social emotional development, they have to include family input, and they needed to have a sensitivity and specificity of 0.7 or greater. If a tool you are using or considering using is not included in the compendium, some of the criteria that they use to decide if the tool should be included in the compendium may provide support for you in choosing an evidence-based tool that meets the ages, cultural, and linguistic needs of the children in your program.

The compendium includes different developmental screenings that meet the criteria. And they share this information about the characteristics of the tool in a number of different ways. They include three summary tables, which provide a quick snapshot of the characteristics of the tool. And they also address the reliability and validity of the tool when it's being used in English, as well as for dual language learners. The compendium also includes a section that is for each individual tool that was identified in the compendium. And that includes all the information listed on the screen, including background information about the developmental screening tool, the availability of the tool, and the cost if there is an associated cost with it.

It reviews training and different approaches to family input. It talks about the reliability and validity in quick one page snapshots for each different developmental tool. The Birth to 5, Watch Me Thrive toolkit also includes a screening passport. And this screening may be done in the early childhood settings, it can be done in the medical home. And the passport serves as a concrete way for parents and providers to be aware of when a screening was done, and what the results were. It can also empower parents to know and follow their child's developmental results, and share them with their medical home and any other partners in child care.

Evidence-based tools in the number of screening resources that are included, so we've reviewed a bunch of resources from the CDC and Watch Me Thrive today that can support early childhood programs in identifying an appropriate evidence-based tool in supporting communication and collaboration. In addition, Caring for our Children does have a number of standards that support policy development and suggestions around developmental screening. So when everyone works together to support the family, we're providing the best opportunity for children to succeed.

And just as Dr. Earls shared about the medical home, the early childhood program really is a key partner in identifying developmental concerns, referral, and supporting the family. The early childhood program is a benefit because they have regular daily contact with the child and family. And they can reinforce the importance of sharing information that is going on at home, things that are done at the early childhood program, and encouraging parents to continue to share this information with the medical home and keep that communication going back and forth, so that each partner has the information they need in a way that makes sense to most of them.

Early childhood programs can also support the screening and referrals by ensuring that appropriate releases and written permission for sharing information are in place. The early childhood programs can share the observations about the child with the family, the medical home, and any related service providers. Early childhood programs that understand a child's treatment plan are able to discuss ways

that they can individualize classroom lesson plans and activities to meet the needs of the child. The communication and sharing as Dr. Earls has shared today, ensures that everyone is informed and collectively working to support the child in all environments where the child spends his or her time. Thank you. So families have relationships with their medical home, their early childhood program, and others in the community. As we discussed today, developmental screenings are taking place in many places. And it's best practice for early childhood programs to be doing them as well. Early childhood programs that provide developmental screening play an important role in promoting children's healthy growth and development, and supporting the family.

But remember, developmental screening is the first step. Through collaboration and communication with early childhood programs do screenings, ensuring clear collaborative communication occurs between the program, the medical home, and early intervention, keeps everyone well informed. Discussing developmental screenings of families can be difficult. Early childhood programs that engage families with screenings and discussion about the results support them in their decision making and planning. Juggling referrals and any additional appointments for a family may be a challenge. And checking in frequently with families to offer their support is important. Thank you for joining us today. Your role in the developmental screening process assures the children who need special support and services receive them. Remember, school readiness begins with health.

April: Great. Thank you so much Kim, Dr. Earls, and Dr. Zubler for sharing this wealth of information on developmental screening. It does look like we have some time for questions. So I'll just jump right into the first one. So the first one says, our program conducts a developmental screening within the first 45 days, and when we have concerns about developmental delays, we refer the child to our early intervention partners. What happens next? Kim do you want to take that question?

Kim: I'm sorry about that, I was on mute. According to the IDEA, the early intervention has 60 days to complete an evaluation and make a determination regarding whether a child has a disability. The process involves a team of professionals, including representatives from general education. And your program should make sure that someone from your team serves as a general education representative that can support your program and family to be included in that process. You may also consider revisiting any agreements or memorandums for understanding with early intervention agencies to make sure all of this is clearly defined there.

April: Perfect, thank you so much. So our next question, what are some hints in connecting with the medical home regarding all screening efforts? And also, what are some of the best ways to help them understand why we need this information?

Dr. Earls: I'll take a stab at that. This is Marian. It would be useful if you-- granted, there'll be a kid in a setting where they're from various medical homes. But I think involving the parents in getting permission to share results or involving the parent to request if the medical home has done screening with what they are recommending for that child. We're talking about making sure that we have release to talk to each other that meets HIPAA and FERPA, meets those confidentiality pieces. But it's really possible to do. And I think you would find that primary care docs would really like to know what's happening. They are also unfamiliar with how to contact in early childhood settings. So, my suggestion would be to reach out to a practice and say, we know we have many of our families who come to your practice. Could we work out a way that we can communicate with each other? That might be a fax back and forth form. It could be by telephone, which is obviously hard for both the primary care doc and the

teacher, but it's something that can be worked out. So I really think reaching out to folks and asking, how can we communicate with each other? Is a really good idea. Did you have any other ideas, Jen?

April: Dr. Zubler? Okay, we'll follow up with that question with this next question. Similarly related. Do you have any suggestions for encouraging families to follow up with the referral made for the early interventionists.

Dr. Earls: That is a great question. And I assume from the fact that that question exists, that people have had difficulty with having people follow through. And I think practices have experienced the same thing in my state. All the primary care docs are doing screening, but it's very often that with families, when early intervention contacts them, they're not sure that they want to follow up. Again I think it's a communication piece. I would definitely check with your early intervention folks to see do they have some good material for families? What would they like you to say to families? I think encouraging families that this is the best thing for their child, because of what we know about intervening early if there is a risk. I think most parents are really concerned about their child's development. They may not have recognized whether there was a risk at a given time. But I think it has to do with that conversation. We have discovered that just like today when we had all these axioms in language issues about the way people define terms, we discovered that sometimes families were confused by agency names, and who are you, and who is contacting me? So making it very specific to families about who might be contacting them will be helpful.

April: Great, thank you. Okay, and our next question, our program serves families from all over the world, and they speak up to 30 different languages. What resources are available to them in multiple languages? And how can I get those resources to them?

Dr. Zubler: So this is Jen again. I apologize, I got cut off. But all of our resources are available in English and Spanish. And we do have other languages available. I cannot say they are throughout every resource, because we're still in the process of getting translations. And we work with many different groups to get them. So, some other languages that we do have some materials available are Arabic, Korean, Portuguese, Somali, and we're working on Greek and Chinese translations at this point. All that we have, when it's available, will be put on our website. Again it's free and able to be printed directly from the website. In the Spanish and the English, in addition to be able to print from our website, you can also order those materials.

Dr. Earls: And this is Marian. Several of the screening tools that parents complete are in multiple languages, such as the ASQ SE and the PEDS in terms of having something that parents can read. It is important to recognize that just because they're translated, doesn't mean that culturally there might not be something different for families. And that's where community agencies that work with families from various countries with different languages might be able to help with some of the cultural differences that might be there. It's an issue everywhere and we're all sort of struggling with it. But I think that doing the best we can to have those resources and to engage other community partners that might help with that is really important.

Dr. Zubler: And what's really nice is that as early childcare provider, you're watching the child. And you get to see the child on a regular basis, which is so helpful, especially for these families that we may not have a good tool to get the parent input from.

April: Great, yes it's great. Thank you for pointing out those subtleties. So our next question, many ECE providers report that many pediatricians are not aware of the importance of screening and the need for further assessment. What should ECE providers do if they see that a child's pediatrician tells the family to wait and see?

Dr. Zubler: So this is Jen. I apologize, because I'm not sure how much of my previous answer was cut off. But again, empowering them with the written materials that show what your concerns are will be very helpful in communicating with the physician. If we've sent things in, you've offered to contact and speak with the physician and you're still not getting anywhere, at that point I think it's fine to tell the parents you have concerns. And if the parent still has concerns and our materials say this, it's OK to get a second opinion.

Dr. Earls: Absolutely. And I will say this. I've been working on training primary care practices all over the country on developmental screening. And in some places, it's pretty well-established. And in other states and places, people are still learning to do this. So I would say that a very powerful force in changing behavior in primary care is if families come asking for the service. And if families are armed with the Learn the Signs. Act Early materials, for instance, and they can say, I know my child has some of these red flags. I would like to be referred to my early intervention program. I would like to do more about this, that can be very powerful. So I would not hesitate to encourage parents to really ask for these services in their practice. And as Jen says, seeking another opinion if they really are not getting a response is totally appropriate.

April: Great and it looks like we have time for maybe one more question. So, once a child has been referred, what is the timeline that they should be aware of?

Kim: So a commenter has reminded us that Part C indicates 45 days, while section 619 has 60 days.

April: Okay.

Dr. Earls: So this is Marian. And yes, it is 45 days for Part C. The Part C folks sometimes have difficulty making contact with families, so it would be useful to let families know that if they haven't heard from their Part C program that they should contact them. That can help. If it's Part B, if they're three to five years of age, the timeline is somewhat longer, but very similar in the Part B program, it's very important for parents to express the concern that they want the services as well.

April: Great, thank you. I do see that we've got lots of questions still coming in. And it's great that we're having this great conversation about this. But we will follow up with everyone whose questions we didn't get to. We'll follow up via email to get you that answer. So I want to say thank you again to Dr. Earls, Dr. Zubler and Kimberly Clear-Sandor for this wonderful information. To our audience, when the webinar ends, there'll be a survey that can be taken immediately. And there will be a follow-up email sent to everyone who watched live with instructions on how to share the SurveyMonkey link with people in your group that might not have gotten to take the survey immediately. The ones who do take the survey immediately will be able to get their certificate immediately. And those that have to take the survey via SurveyMonkey will get their certificate in a week or two. So, this is just a reminder, each person that would like a certificate must take a survey. If you're watching as a group, the person in the group that is registered will complete the evaluation. So thank you again for joining us for this great webinar. And we look forward to your participation in a future events. Bye-bye.